

## NUMBER OF DEPENDENTS:

(THIS INCLUDES ALL RESIDENTS NOT LISTED ON FIRST PAGE)

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u> <u>Male/Female</u>	<u>FULL TIME STUDENT</u> <u>Yes / No</u>	<u>RETIRED</u> <u>Yes / No</u>	<u>SOCIAL SECURITY NUMBER</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
*	Is anyone in this Household Pregnant?				Who?	
	(Please mark one)			Yes	No	

### OCCUPANT RACE

Optional Information

Please circle.

**W** - White

**AIW** - American Indian/Alaskan/Native/White

**HW** - Hispanic White

**AW** - Asian White

**B** - Black/African American

**BW** - Black/African American - White

**A** - Asian

**AIB** - American Indian/Alaskan Native/Black  
African American

**AI** - American Indian

**O** - Other

**NA** - Native Hawaiian/Other Pacific